	Combined Declaration For Par	Application and l	Power of Attorney		ATTORI 81229R	NEY DOCKET				
	As below named inventor, I hereby declare that:  My residence, post office address and citizenship are as stated below next to my name,  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  DETECTING HOPPING PIXEL DEFECTS IN CCD IMAGE SENSORS									
	The specification of which (check only one item below):  X is attached hereto.									
	was filed as United States Application Serial No. on and was amended on (if applicable).  was filed as PCT international application Number on and was amended under PCT Article 19 on (if applicable).									
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.  I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating a least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:									
	PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:  COUNTRY  APPLICATION NUMBER  DATE OF FILING  PRIORITY CLAIMED UNDER 35 USC §119									
U	(I PCT, Indicate PCT)		(day month year)		YES	МО				
þá se					YES	МО				
100					YES	МО				
	I hereby claim the benefit under Title 35, United States Code, 119 §(e) of any United States provisional application(s) listed below:  PRIOR PROVISIONAL APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119 (e):  PROVISIONAL APPLICATION NUMBER  FILING DATE									
Ö										
	I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:									
	PRIOR US APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S FOR BENEFIT UNDER 35USC§120:									
	U.S. APPLICATIONS			STATUS (Check one)						
	U.S. APPLICATION NUMBER	U.S. FIL	ING DATE	PATENTED	PENDING	ABANDONED				

PCT APPLICATION NO.

U.S. SERIAL NUMBERS ASSIGNED (if any)

PCT APPLICATIONS DESIGNATING THE U.S.

PCT FILING DATE

ATTORNEY DOCKET 81229RLO

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

se	end Corresp	oondence to: Patent Lega	Direct Telephone Calls to: (name and telephone number)		
Eastman Kodak C 343 State Street Rochester, NY 14			odak Company creet	Raymond L. Owens (716) 477-4653 FAX: (716) 477-4646	
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
۱	INVENTOR	Wang	Shen		
,	RESIDENCE & CITIZENSHIP	Rochester	STATE OR FOREIGN COUNTRY New York 14623 USA	Republic of China	
1	Eastman Kodak Company  FINI NAME OF FAMILY NAME		343 State Street, Rochester	STATE & ZIP CODE (COUNTRY) New York 14650 USA SECOND GIVEN NAME R.	
2			FIRST GIVEN NAME Thomas		
0	RESIDENCE & CITIZENSHIP	CITY Brockport	STATE OR FOREIGN COUNTRY New York 14420	COUNTRY OF CITIZENSHIP USA	
2	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company	343 State Street, Rochester	STATE & ZIP CODE (COUNTRY) New York 14650 USA	
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
,	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
3	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)	
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
4	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)	
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
5	BUSINESS ADDRESS	BUSINESS ADDRESS	СІТУ	STATE & ZIP CODE (COUNTRY)	
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
6	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	Signature of inventor 202 Shons Raduai	SIGNATURE OF INVENTOR 203
8/23/00	DATE 8/23/00	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE